

STATE OF NEW HAMPSHIRE

2017 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

PLEASE PRINT

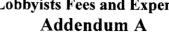
I. Name of Lobby	ist(s) Debra	Vanderbeek, Robe	rt Clegg, Periklis Karoutas	, Leann Mo	occia
II. Name of lobby	ist's partnership, firm	or corporation, if a	any:		
Le	gislative Solutions, L.I	L.C.			
(Name of partnership, firm	or corporation)		•	
	P.O. Box 10724	Bedford	NH	(03110
Business Address:	(Street)	(Town/City)	(State)		(Zip Code)
() 603-986-9	9145)	e-mail dbeek@	aol.com	
(Telephor	ne)	(Fax)		
reportable expens	se transactions which a	re not attributable	•		
☐ All reportable	_		the reporting date relative to	the followi	ng client:
	Injured Workers		obbyist Registration Form)		
OR	(Full Name of Chen	t as it appears on the Li	obbyist Registration Form)		
		ist (including the lob	obyist's family), or the lobby	ing firm list	ed below which are
IV. Date of Report	rt April 26, 2017 [activity from date of regist		July 26, 2017 activity from 4/1/17 to 6/30.	/17	
	October 25, 2017 activity from 7/1/17 to		January 31, 2018 activity from 10/1/17 to 12	₹ /31/17	
	ed, complete just this fo		e transactions made sinc he Secretary of State's Office		
VI. Check if addi	tional reports are attac	ched:			
If you have red	ceived fees or made exp	enditures, you must	file Addendum A – Fees and	Expenses	
☐ If you have pa Expense Reimburs		nbursed expenses, y	ou must file Addendum B-	Report of H	onorariums or
☐ If you, your fi	rm, or your family has n	nade political contrib	outions, you must file Adden	idum C– Po	olitical Contributions
I have read RSA I and complete to the	best of my knowledge	C and RSA 664 and h	nereby swear or affirm that the January 15, 2018	3	; information is true
(Signature of lobb Debra Vanderbe			(Date)	RECEIVED
(Print Name of lo				İ	IAN 17 2018
,	• •			f	IAN 1 / 700X

NEW HAMPSHIRE DEPARTMENT OF STATE

P E A S E R N T

STATE OF NEW HAMPSHIRE

Lobbyists Fees and Expenses



(RSA Chapter 15:6)

I. Name of Lobbyist(s) Debra Vanderbeek, Robert Clegg, Periklis Karou	tas, Leann Moccia		
II. Name of lobbyist's partnership, firm or corporation, if any:			
Legislative Solutions, L.L.C.			
(Name of partnership, firm or corporation)			
III. Name of Client Injured Workers Pharmacy	Date January 15, 2018		
IV. Fees Received Indicate the gross amount of all fees received from the client identified above to lobbying, including fees for services such as public advocacy, governmen including research, monitoring legislation, and related legal work. The gr reduced by any expenses:	t relations, or public relations service		
a) Total of all fees received in this reporting period	a) \$ 7,500.00		
b) Total of all fees received this calendar year, prior to this reporting period (This should equal the total of all prior monthly reports for this calendar y	b) \$ 22,500.00		
c) Total of all fees received to date (Add lines a and b)	c) \$30,000.00		
d) Indicate the amount of any such fees that are due, but have not yet been paid	d) \$0		
V. Expenses: Lobbyist(s)/Lobbying partnerships, firms, or corporations are required to refees. Separate reports are to be filed for expenditures made relative to each the lobbyist(s)/firm that are unrelated to any one client a separate report. Expenses are to be reported in one of three categories of expenses: (a) the during the reporting period for salaries, benefits, support staff, and office expenditure was of \$25.00 or less (for examplunch where the cost was \$25.00 or less, purchase of a pen with a value of lebeing lobbied, purchase of a ceremonial object given to a person being lobbied (c) an itemized statement of each individual expenditure made during this repeating purpose not covered by (a) (for example: purchase of a meal with value ceremonial object to be given to the subject of lobbying with a value great restaurant expenses for a legislative reception). Expenses for honorariums contributions will be reported on separate addendums and should not be reported.	client and if expenditures are made by may be filed for the lobbyist(s)/firm e aggregate total of all expenses paid expenses; (b) the aggregate total of all ele: meals purchased during a business than \$10 that is given to the person ed with a value of \$25.00 or less); and orting period of greater than \$25.00 for ue of greater than \$25, purchase of er than \$25, but not greater than \$50, expense reimbursement, or political		
a) Total aggregate expenses for this reporting period for salaries, benefits, support staff, and office expenses, related directly or indirectly to lobbying.b) Total aggregate of expenditures during this reporting period, not reported	a) \$ <u>7500.00</u>		
in a), of \$25 or less.	b) \$ <u>0</u>		
c) Total of all itemized expenditures reported in detail in section VI.	c) \$ 0		

d) Total expenses for this reporting period (Add lines a, b and c)	d) \$ 7,500.00
e) Total of expenses paid this calendar year, prior to this reporting period (This should be the amount on line f of addendum A for last month's report)	e) \$ <u>22,500.00</u>
f) Total of all expenses year to date	f) \$ <u>30,000.00</u>
VI. Other Expenses: Provide the following detail for all expenditures of more than \$25 made from loperiod, including by whom paid or to whom charged.	obbying fees during this reporting
Paid to:	Amount:
	\$
	\$
	\$
	\$
	\$
	\$
Sworn Statement/Affirmation by Lobbyist	
I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affirm is true and complete to the best of my knowledge and belief.	n that the foregoing information
	January 15, 2018
(Signature of lobbyist)	(Date)
Debra Vanderbeek	
(Print Name of lobbyist)	

•

State of New Hampshire Signature Form for Associated Lobbyist RSA Chapter 15

Use this form to swear or affirm the truth and completeness of Income and Expense Statements and related Addendums.

Sworn Statement/Affirmation by Lobbyist Statement of Income and Expenses for:

		or the partnership, firm, or	
particular client):			
Date of Report (check	one):		
April 26, 2017 □	July 26, 2017 □	October 25, 2017 □	January 31, 2018 💢
I have read RSA 15, R the following Addended submitted):	SSA 15-B, RSA 664, the current submitted with the	ne Statement of Income ar at Statement (insert the m	nd Expenses described above, and umber of Addendum forms being
Addendum A(s	s).		
Addendum B(s	3).		
Addendum C(s	s).		
			nt and each Addendum is true and
I hereby swear or affir complete to the best of	. /		
	W/		ary 15, 2018

State of New Hampshire Signature Form for Associated Lobbyist RSA Chapter 15

Use this form to swear or affirm the truth and completeness of Income and Expense Statements and related Addendums.

Sworn Statement/Affirmation by Lobbyis	it
Statement of Income and Expenses for:	

Name of Lobbying partnership, firm, or corporation:	Legislative Solutions
Name of Client (leave blank if Statement is for the particular client):	•
Date of Report (check one):	
April 26, 2017 □ July 26, 2017 □ October	r 25, 2017 □ January 31, 2018 💆
I have read RSA 15, RSA 15-B, RSA 664, the Statementhe following Addendums submitted with that Statement submitted):	•
Addendum A(s).	
Addendum B(s).	
Addendum C(s).	
I hereby swear or affirm that the foregoing information complete to the best of my knowledge and belief.	on the Statement and each Addendum is true and January 15, 2018
(Signature of lobbyist)	(Date)
Periklis Karoutas (Print Name of lobbyist)	

State of New Hampshire Signature Form for Associated Lobbyist RSA Chapter 15

Use this form to swear or affirm the truth and completeness of Income and Expense Statements and related Addendums.

Sworn	Staten	nent/Aff	irma	tion	by L	obbyist
Statem	ent of	Income	and	Expe	enses	for:

Name of Lobbying partnership, firm, or corporation:	Legislative Solutions
Name of Client (leave blank if Statement is for the particular client):	artnership, firm, or corporation and not related to any
Date of Report (check one):	
April 26, 2017 □ July 26, 2017 □ Octo	ber 25, 2017 □ January 31, 2018 💆
I have read RSA 15, RSA 15-B, RSA 664, the State the following Addendums submitted with that State submitted):	
Addendum A(s).	
Addendum B(s).	
Addendum C(s).	
I hereby swear or affirm that the foregoing informatic complete to the best of my knowledge and belief.	on on the Statement and each Addendum is true and January 15, 2018
(Signature of lobbyist)	(Date)
Leann Moccia (Print Name of lobbyist)	